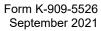


POST TRANSITIONAL MONTHLY PROGRESS REPORT

Purpose: Use this form to document monthly contacts and services with individual clients in the Post-Transition stage.

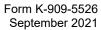
Directions: This form must be submitted to the DFPS PAL staff within fifteen (15) calendar days following the end of each month of service — whether or not contact has been made. This form must be submitted weekly during the months of September and March by close of business on the Friday following the week of service.

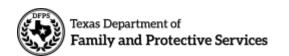
YOUTH INFORMATION					
Youth name:		PID:	Current address:		
				Check here if this is a new address	
Phone:		l	1	Email:	
		SUMMA	RY O	F CONTACT	
Date: Type of contact: Face to face Attempted face to face Phone contact Attempted phone contact		Hours: Email/text/social media			
Service type. If type of contact is "attempted," then service type must be "other": Budget/financial mgmt Career preparation Educational services Health/risk prevention Healthy support			Housing education/mgmt Post-secondary educational support Regional conf/event Transitional living allowance Other		
		ails must suppo	ort se	ervice type selected and summary must inc	clude status of



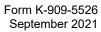


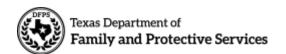
Service type. If ty service type must Budget/finance Career prepared Educational service Health/risk predictions of Health/risk predictions of Healthy support	Attem Phone Attem Attem rpe of conta be "other" cial mgmt ration ervices evention	o face pted face to face contact pted phone contact act is "attempted," then		Email/text/social media Attempted email/text/s Letter mailed N/A Housing education/mg Post-secondary educat Regional conf/event Transitional living allow Other	mt ional support	Hours:
Child's Plan goals,		e Type details must support S	ervice	Type selected and sum		ide status of
Date:		Type of contact: Face to face Attempted face to face Phone contact Attempted phone contact	media A email	mail/text/social a ttempted /text/social media etter mailed I/A	Hours:	



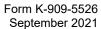


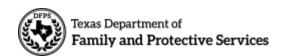
Service type. If type of contact is "attempted," then service type must be "other": Budget/financial mgmt Career preparation Educational services Health/risk prevention Healthy support	Housing education/mgmt Post-secondary educational support Regional conf/event Transitional living allowance Other
Summary of Contact: Service Type details must support S Child's Plan goals and needs.	Service Type selected and summary must include status of



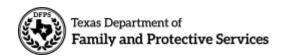


Date:	Type of contact:		Hours:		
	Face to face	☐ Email/text/social media			
	Attempted face to face	Attempted email/text/social media			
	Phone contact	Letter mailed			
	Attempted phone contact	□ N/A			
Service type. If type of contact is "attempted," then service type must be "other": Budget/financial mgmt Career preparation		☐ Housing education/mgmt☐ Post-secondary educational support☐ Regional conf/event			
Educational se		Transitional living allowance			
Health/risk pr	evention	Other			
Healthy suppo	ort				
Summary of conta Child's Plan goals		ervice type selected and summary must inc	lude status of		
Date:	Type of contact: Face to face Attempted face to face Phone contact	Email/text/social media Attempted email/text/social media Letter mailed	Hours:		
	Attempted phone contact	□ N/A			

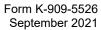


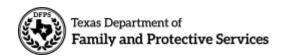


Service type. If type of contact is "attempted," then service type must be "other": Budget/financial mgmt. Career preparation Educational services Health/risk prevention Healthy support	Housing education/mgmt. Post-secondary educational support Regional conf/event Transitional living allowance Other
Summary of contact: Service type details must support se Child's Plan goals and needs.	rvice type selected and summary must include status of
Supplement to the Individual Monthly Progress Report For Yes No	m K-909-5514a attached as applicable:



FINANCIAL EXPENDITURES				
Date:	Type of expenditure (rent, drivers ed., educational books/supplies, household supplies, etc.):	Amount:		
Billed As: 20H (Education)	ational/Vocational Services) 🔲 20I (PAL Aux. Services) 🔲 20J (ACRB) 🔲 In-kind do	onations		
Date:	Type of expenditure (rent, drivers ed., educational books/supplies, household supplies, etc.):	Amount:		
Billed As: 20H (Educational/Vocational Services) 20I (PAL Aux. Services) 20J (ACRB) In-kind donations				
Date:	Type of expenditure (rent, drivers ed., educational books/supplies, household supplies, etc.):	Amount:		
Billed As: 20H (Educational/Vocational Services) 20I (PAL Aux. Services) 20J (ACRB) In-kind donations				
Date:	Type of expenditure (rent, drivers ed., educational books/supplies, household supplies, etc.):	Amount:		
Billed As: 20H (Educational/Vocational Services) 20I (PAL Aux. Services) 20J (ACRB) In-kind donations				
Date:	Type of expenditure (rent, drivers education, educational books/supplies, household supplies, etc.):	Amount:		
Billed As:				
20H (Educational/Vocational Services) 🔲 20I (PAL Aux. Services) 🔲 20J (ACRB) 🔲 In-kind donations				





PERSON COMPLETING THE REPORT				
Case manager signature:	Printed name:		Date:	
X				
Check one: Delivered Mailed Emailed		Date sent to PAL s	taff	